

No. _____

Fee _____

Commonwealth of Massachusetts
, Massachusetts

Application for Disposal System Construction Permit

Application is hereby made for a Permit to Construct ☐ or Repair ☐ an On-site Sewage Disposal System at:

Location Address or Lot No.	Owner's Name, Address and Tel. #
Installer's Name, Address, and Tel. #	Designer's Name, Address and Tel. #

Type of Building:

Dwelling No. of Bedrooms _____ Garbage Grinder ☐
 Other Type of Building _____ No. of Persons _____ Showers ☐ Cafeteria ☐
 Other Fixtures _____

Design Flow _____ gallons per day. Calculated daily flow _____ gallons.

Plan Date _____ Number of sheets _____ Revision Date _____

Title _____

Description of soil _____

Nature of Repairs or Alterations (Answer when applicable) _____

Date last inspected: _____

Agreement:

The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Signed _____ Date _____

Application Approved by _____ Date _____

Application Disapproved for the following reasons _____

Permit No. _____

Date Issued _____